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CASES OF HÆMATO-SALPINX AND HÆMATOMA RESEMBLING ECTOPIC GESTATION.[1]

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The present, more perhaps than any previous age in the medical world, seems to be characterized by ambition for long series of operations; nor is this confined to what might be called the younger members of the profession, for we see, apparently fired by the same ambition, men whose heads are gray and whose fame is far-reaching.

Just as Appendicitis among the general surgeons has of late held the honor of being the popular condition for operation, so, among the gynæcologists, cases of ruptured ectopic gestation may be said to have held a similar position.

Even the most conservative must allow that there is marked pleasure in saving by operation, patients on the verge of death from internal hemorrhage, and the writer admits that he has not been absolutely free from the prevailing ambition for a large experience in operations of that variety. Such being the case, while preparing a paper a few weeks ago on "Operative Experience with Ectopic Gestation," for the Orange Co. Medical Society, I was somewhat disappointed to find that my cases, then almost a dozen, resembling ectopic gestation, when studied under the light of the microscope and careful investigation, gave me only six (since increased by one), that I could honestly say were undoubted examples of that condition.

Feeling that my experience must be paralleled by that of many others, and believing that cases are reported as ectopic which are open to doubt, it seemed best, when unexpectedly asked for a paper before this society, that I should present my doubtful cases and ask for a discussion of the same.

Before proceeding further, I should like to state that in the use of the terms "Hæmato-Salpinx" and "Hæmatoma," I mean by the former simply a collection of blood in the tube, and by the latter, an effusion of blood between the folds of the broad ligament without in either case implying a source or cause of the hemorrhage.

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[1]Read before The New York Obstetrical Society, December 6, 1892.

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The patients were all operated upon by me at the Roosevelt Hospital and with the assistance of the house staff of that institution.

Case I. Mrs. Z., æt. 43; native of Syria, admitted to the Roosevelt Hospital August 23, 1889. She speaks neither English, French nor German, hence her history is very incomplete; seems to be in pain.

Vaginal examination shows a hard mass behind and to the right of the uterus.

Temperature on admission, 100.5; pulse, 80. Patient had a rise of temperature for several days.

August 28th. Abdominal section; mass ligated in section and removed. It had the gross appearance of a gestation-sac and was so diagnosed at the time, but examination of the contents showed only blood-clots. During the operation the vermiform appendix was removed as it appeared diseased.

September 5th, eight days after operation, the patient passed three feet of tape-worm.

Patient made a good recovery.

It was thought before operation that the temperature was due to the pelvic mass and this was one of the reasons for the operation, but as it continued for some little time after operation and finally responded to anti-periodic measures, it was probably of malarial origin.

This case of itself has little value, as the previous history was negative. It is only cited as one resembling an ectopic gestation in gross appearance, but in which the positive proofs were not present in the sac.

Case II. Mrs. H. F. Æt. 30. Admitted to the Roosevelt Hospital, Sept. 11, 1889. Has been married ten years; has had four children and no miscarriages; last child two years previous. Menstrual history normal in frequency and amount, but painful. Last menstruation ten days ago. Present illness began nine months ago with pain in left iliac region, increased at menstruation and continuing until the present. Examination on admission revealed a firm, sensitive mass at the left of and behind the uterus.

Sept. 13th. Abdominal section. The mass was ligated in section and removed. The outer half proved to be the left ovary and tube the latter markedly distended with blood, and looking like a gestation-sac, but found on examination to be a hæmato-salpinx with retained menstrual blood, for to my surprise the remaining half of the mass proved to be one horn of a uterus bicornis. The cavity of the amputated horn had no communication with the canal of the cervix: thus we

had a hæmato-metra and hæmato-salpinx resulting from an atresia. Patient made an easy recovery.

Case III. Mrs. B. Æt 26. Admitted to the Roosevelt Hospital, Sept. 19, 1889. Has been married three years; has had two children and no miscarriages; last child born eight months ago. Previous menstrual history normal; last regular period occurring July 4th. July 14th patient had severe pain in lower part of abdomen, felt faint, and began flowing. This flow has continued till the present, seven weeks in all. This was the story given by the patient before operation.

Examination showed a large mass on the right side of the uterus, and bulging downward. Patient was evidently septic. Temperature, 102; pulse 110. September 20th. Abdominal section. The mass was found to be a hæmatoma, with coils of intestine adherent all over the surface. The mass was then incised from the vagina, emptied of a large number of very foul-smelling blood-clots and drained. The case at the time of operation was considered one of ectopic gestation, but only blood-clots were found, and close investigation of the early history of the patient's illness revealed the fact that at the time of her first sharp pain and feeling of faintness, she was hanging out clothes upon the roof and made a misstep. This explains the case, I think, as one not of ectopic gestation but of pelvic hæmatoma from the rupture of one of the vessels between the folds of the broad ligament. The patient made a prompt recovery.

Case IV. Mrs. L. Æt. 24. Admitted to the Roosevelt Hospital, August 10, 1891. Has been married two years; never pregnant. For the last four years has had pains, at intervals, in the left iliac region and her menstrual periods have been irregular, patient going four and a half to seven and a half weeks without menstruating. Her menstruation appeared normally in May; none in June. In July, eight weeks from her last period, she noticed a dirty brownish discharge, and this has continued until the present. She has several times passed clots of blood preceded by crampy pains. One week before admission she had an attack of very severe pain, vomited and fainted; this was repeated in three hours. After this the patient improved but still had pain. On the right side of the uterus, an elongated doughy mass could be felt.

After the employment of numerous palliative measures, with but little benefit, abdominal section was performed August 26, 1891. The mass on the right side proved to be a hæmato-salpinx containing

organized blood-clots. The left appendage was also found diseased and removed. The hæmato-salpinx was thought, at the time, both by the operator and by spectators, an example of ectopic gestation, but a careful examination by the pathologist showed only blood-clots and a salpingitis.

I am sorry to say that the result of the operation was unfavorable, as the patient died on the eight day. At the time of her death I consoled myself with the thought that she died of nephritis, as her urine was markedly diminished for several days after operation, and contained albumen and casts, but a careful study of her temperature, pulse and urine, convince me that she probably died of sepsis, the source of which I know not, and that her nephritis was a result of her sepsis.

Case V. Mrs. B. Æt. 22. Admitted to the Roosevelt Hospital, July 27th, 1892. Has been married two years; has had one child five and a half months ago, the child dying on the third day. Since the birth of child, menstruation has been regular till two months ago, when she flowed for twelve days instead of the usual five. This flow appeared just 28 days from her last menstruation. After an interval of a few days the flow returned and she has suffered with menorrhagia and metrorrhagia until the present, now two months in all. She has had no attacks of pain.

Examination disclosed a firm mass on the right of the uterus and posterior, pushing the uterus somewhat to the left.

August 1st. Abdominal section and removal of the right appendage.

The mass was a hæmato-salpinx and resembled an ectopic gestation-sac, but here again we could find no proof of it. I made sections from a number of places in the sac and contents and a number of slides from each section, but could find only blood-clots and the tubal mucous membrane. Not satisfied with relying on my own examinations, I showed my slides to several pathologists, but with the same result; we could only call the case a hæmato-salpinx. The patient made a rapid and perfect recovery.

Case VI. Mrs. C. Æt. 23. Admitted to the Roosevelt Hospital Oct. 30th, 1892. Has been married six years; has had two children and two miscarriages. Her last miscarriage occurred May 30th, 1892. Three months after miscarriage, or two months before admission, she began to have crampy pains in the lower part of her abdomen; at first only occasional, then more frequent. Up to this time her menstruation had been normal, but since then she has had menorrhagia and metrorrhagia. She had gone six days past her time for menstrua-

tion when she had her first attack of pain, felt faint, and began to flow. The patient says that a fortnight previous to this, she had felt badly "all over" after diving at the seaside, but had very little pain then. Examination on admission showed, on the right side of the uterus, and somewhat posterior, a large sausage-shaped mass.

November 5th. Abdominal section. The mass on the right side proved to be a hæmato-salpinx and was removed; also the left appendage which was diseased. The hæmato-salpinx had the gross appearance of an ectopic gestation-sac, but here again neither the pathologist of the hospital nor myself could find any evidence of impregnation.

The patient made a prompt recovery.

Regarding some of the cases the writer admits that he cannot positively exclude ectopic gestation and yet he has failed to find proof of its presence even after the most careful search, and that too when prejudiced in favor of finding it. Case IV gave perhaps the clearest history of an ectopic gestation, as she had gone for eight weeks without menstruating, and at the end of three months had an attack of sharp pain, faintness, etc., so frequently seen in that condition. If we study the history of the case, however, we find that on previous occasions she had had periods of amenorrhœa of as long as seven and a half weeks' duration, so that the postponement of menstruation in her present illness was only three or four days longer than had occurred before, and if pregnant for a period at all commensurate with the duration of her amenorrhœa, it certainly seems probable that we should have found either a fœtus or chorionic villi, as the blood clots were encapsulated and they and the sac were carefully preserved.

Before accepting the probability that the cases of the above series were not those of ectopic gestation, we must first decide the question as to the possibility of a hæmato-salpinx apart from the presence of an ectopic gestation. The writer from his own experience must answer this in the affirmative, nor does he stand alone. Galabin, at a meeting of the Obstetrical Section of the British Medical Association, July, 1892, says[1]: "If there is no embryo, no obvious placental tissue, and merely a mass of clot distending the tube, or extending out of it, the opinion of microscopists might possibly differ as to the recognition o very scanty traces of chorionic villi amongst the clot. At any rate I have been convinced from my own experience that such a clot may be formed in a Fallopian tube, with open extremity, without any extra-uterine fœtation at all."

[1]British Medical Journal, August 6th, 1892.

Again, Bland Sutton at a meeting of the Medical Society of London, November 7th, 1892, makes the following statement[1]: "Every blood-clot in the tube is not necessarily a tubal mole, for it is certain that blood-clot may be present in the tube apart from pregnancy."

There certainly was a similarity in the symptoms of most of the above cases and those of ectopic gestation, especially in menorrhagia and metrorrhagia, and yet we find it just as marked in case III as in the others, and here the condition was that of a hæmatoma, caused in all probability by the misstep and fall upon the roof. Furthermore we have probably all seen cases with menorrhagia and metrorrhagia associated with a tube distended with serum or pus.

There was one feature presented in a number of these cases which is certainly not the rule in ectopic gestation, *i. e.* a recent pregnancy. Three of the six cases had been pregnant within nine months of their admission to the hospital; one, five months before; another, five and a half; another, eight; and from one case we could get no previous history.

Concerning the cause of hæmato-salpinx or a hæmatoma, apart from the presence of an ectopic gestation, we are still very much in the dark. It seems fairly clear, however, that of the above six cases, in one the cause was atresia, in another a misstep, and in the last case it seems perfectly possible that the diving at the seaside, although it preceded by a fortnight the onset of the acute symptoms, may have been the cause of the hæmato-salpinx found at the operation. The presence of a recent pregnancy in some of the cases suggests also a possible cause in subinvolution or congestion of the tube.

For the other cases I can assign no definite cause, but that a hemorrhage should occur from the mucous membrane of a tube the seat of a chronic inflammation or congestion does not seem at all improbable, the exciting factor being perhaps a traumatism so slight as to be unnoticed or forgotten.

In conclusion the writer believes that most of the cases of hæmato-salpinx and hæmatoma are due to the presence of an ectopic gestation, but in many cases no proof of that condition can be found, and some are in all probability due to other causes; furthermore that the cases in which we can find neither fœtus, chorionic villi, nor decidua, should in the present state of our knowledge, not be reported as cases of ectopic gestation.

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[1]British Medical Journal, November 12th, 1892.